Draft Guidelines for the Prevention of Intravascular Catheter-Related Infections

Comments Submitted by: Georgia P. Dash, RN, MS, CIC
Director Infection Prevention
Cape Cod Healthcare
Hyannis, MA

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Pg 14-15
The following statements appear contradictory, clarification would be helpful:

"In retrospective observational studies, catheters inserted into an internal jugular vein have usually been associated with higher risk for colonization and/or CRBSI than those inserted into a subclavian or femoral vein [25, 86-95]. Similar findings were noted in neonates in a single retrospective study [116].

Femoral catheters have been demonstrated to have high colonization rates compared to subclavian and internal jugular sites when used in adults and, in some studies, higher rates of CRBSIs [88, 93-95, 98, 99, 117].

Pg. 17
Please consider briefly describing "no touch technique."

"a new pair of disposable nonsterile gloves can be used in conjunction with a "no-touch" technique for the insertion of peripheral venous catheters.

Pg.19
Many healthcare facilities have incorporated a swab impregnated with 2% chlorhexidine gluconate and 70% isopropyl alcohol (ChloraPrep) in their central line insertion kits.

The guidelines reference the following " a 0.5% tincture of chlorhexidine was compared with 10% povidone iodine, no differences were seen in CVC colonization or in CRSBI [142].

It would be useful, if possible, to comment on published studies comparing swabs impregnated with 70 % isopropyl alcohol **and** 2% chlorhexidine gluconate, to other antiseptic agents.

Pgs 48 and 49
Considerable space is given to describing the various physical aspects of needleless systems. Could a simple picture of each type described in the text be placed in an Appendix to the Guidelines? This would be very helpful to Infection Preventionists and others who do not routinely work with these devices.

Thank you for all of your efforts to produce comprehensive evidence based guideline to reduce catheter associated bloodstream infection. Thank you for the opportunity to comment.